

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012396</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/16/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>RITTENHOUSE SENIOR LIVING OF PORTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6235 STERLING CREEK RD</b> <b>PORTAGE, IN 46368</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was the Investigation of Complaints IN00137122, IN00137756, IN00134891, and IN00135056.</p> <p>Complaint IN00137122 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00137756 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00134891 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00135056 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 15 and 16, 2013</p> <p>Facility number: 012396 Provider number: 012396 AIM number: N/A</p> <p>Survey team: Yolanda Love, RN-TC Cynthia Stramel, RN</p> <p>Census bed type: Residential: 82 Total: 82</p> <p>Census payor type: Private: 82</p> <p>Sample: 6</p> <p>Rittenhouse Senior Living of Portage was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaints IN00137122, IN00137756, IN00134891, and IN00135056.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 000	Continued From page 1  Quality review completed on October 23, 2013, by Janelyn Kulik, RN.	R 000			